



021004

13281 U.S. PTO

CONTINUATION/DIVISIONAL APPLICATION TRANSMITTAL

(Rule 53(b) Continuation or Divisional)

☐ DUPLICATE

Address to:

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Attorney Docket No.:

CRIP3001C3/REF

First Named Inventor:

CRIPPS et al.

Total Pages:

80

This requests a ☒ Continuation or ☐ Divisional application under 37 CFR 1.53(b) of prior application:

Appl. No.:

10/630,655

Group Art Unit:

1616

Filed on:

July 31, 2003

Examiner:

M. Highighatian

Entitled:

PHARMACEUTICAL FORMULATION OF FLUTICASONE PROPIONATE

- ☒ 1. The entire disclosure of the pending, prior application is hereby incorporated by reference.
- ☒ 2. Submitted herewith is a copy of the complete prior application as filed.
- ☐ 3. This application is filed by fewer than all the inventors named in the prior nonprovisional application, 37 CFR 1.53(b)(1). **DELETE** the following inventor(s): _____.
- ☒ 4. Submitted herewith is a copy of the signed Oath/Declaration from the prior application.
- ☐ 5. Small entity status is claimed.
- ☐ 6. A _____ month Petition for Extension of Time is filed concurrently in the prior application.
- ☒ 7. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.
- ☒ 8. A check in the amount of \$_____ is submitted herewith.
- ☐ 9. Insert before the first sentence of the specification: -- This application is a ☐ Continuation ☐ Division of nonprovisional application serial number _____ filed _____ --
- ☐ 10. Cancel in this application original claims _____ of the prior application before calculating the filing fee. At least one independent claim is retained.
- ☒ 11. The prior application is assigned of record to: SmithKline Beecham Corporation.
- ☒ 12. Priority is claimed based on each foreign application so listed in the Oath/Declaration and a certified copy of each was filed in U.S. application number 09/659,492 filed 9/11/00.
- ☒ 13. A Preliminary Amendment is enclosed.
- ☒ 14. Submitted herewith is an Application Data Sheet.
- ☐ 15. Other: _____.

THE FILING FEE IS CALCULATED AS FOLLOWS:

Basic Fee:

\$770.00

Total Claims:

35

- 20 =

15.00

X \$18 =

270.00

Independent Claims:

2

- 3 =

0.00

X \$43 =

0.00

23364

Customer Number

Multiple Dependent Claim (\$290.00):

Subtotal:

\$1,040.00

50% Reduction if Small Entity Status:

Phone: 703-683-0500

Fax: 703-683-1080

Total:

\$1,040.00

Date:

Name:

Signature:

Reg. No.

February 10, 2004

Richard E. Fichter

26,382

21711 U.S. PTO
10/774393

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